Management of Substance Use

Module R: Assessment and Management

Specialty Care

Benefits to Specialty Care

- Standardized, evidence-based approach
- Aggressive tx of nicotine addiction
- Emphasis on use of proven pharmacotherapies
- Inclusion of “recovery plan”
- Primary & Specialty Care collaboration
- Awareness, use of Care Management Techniques
- Motivational enhancement techniques

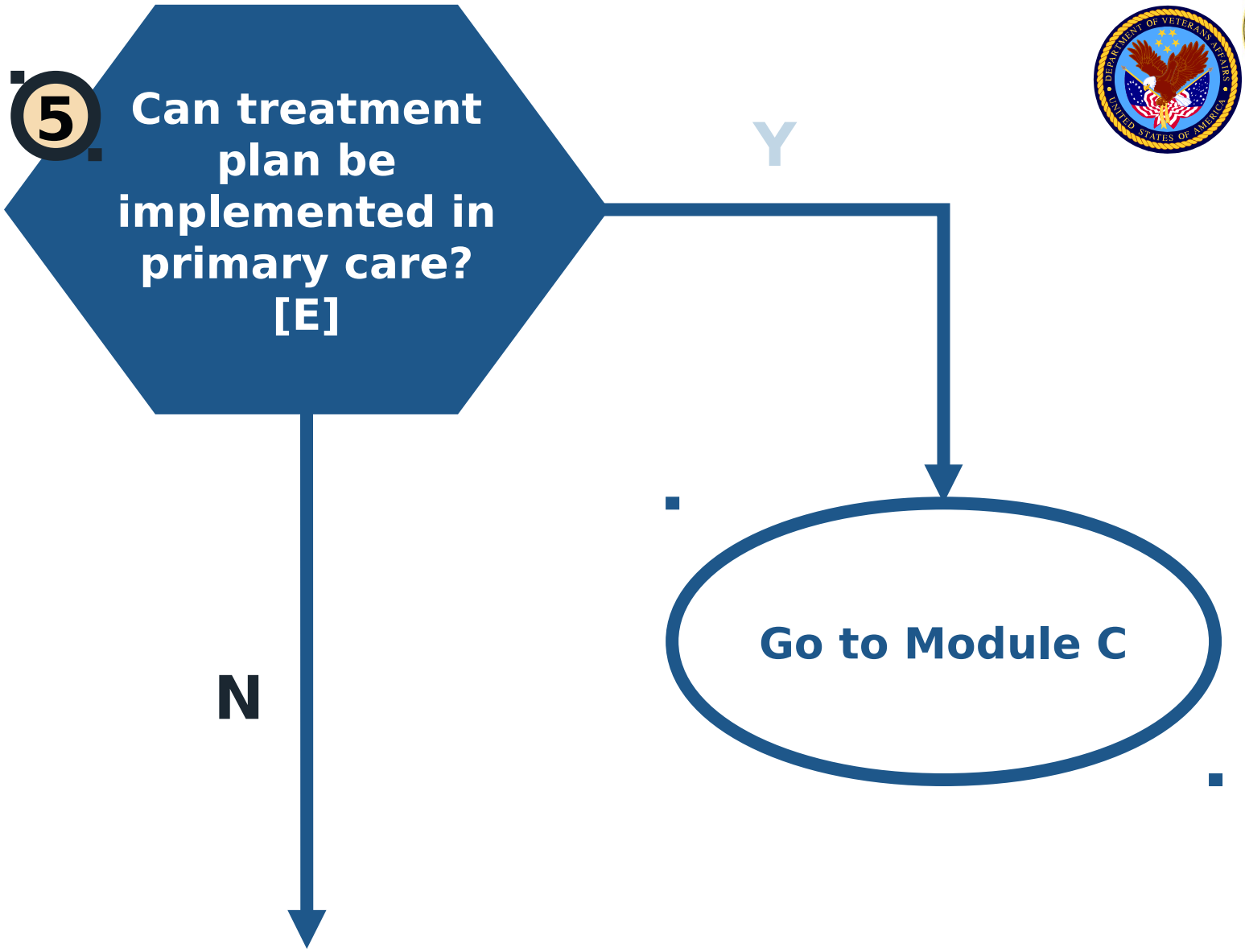
1. **Patient with substance use disorder (SUD) referred to specialty care for evaluation and/or treatment [A]**

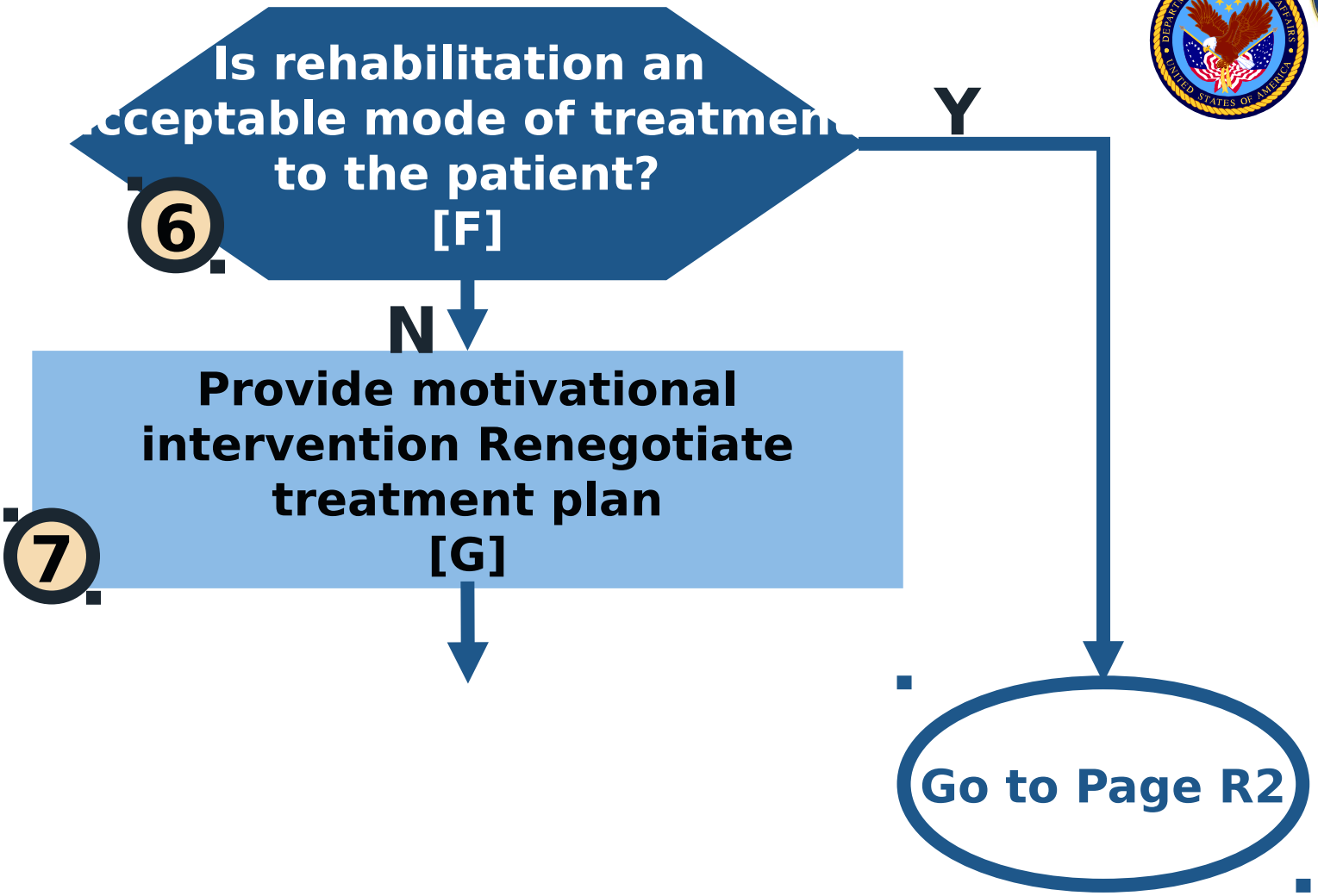
2. Complete physiological stabilization if necessary (Use Module S) [B]

3. Obtain a comprehensive biophysiological assessment [C]

4. Develop integrated summary and initial treatment plan [D]

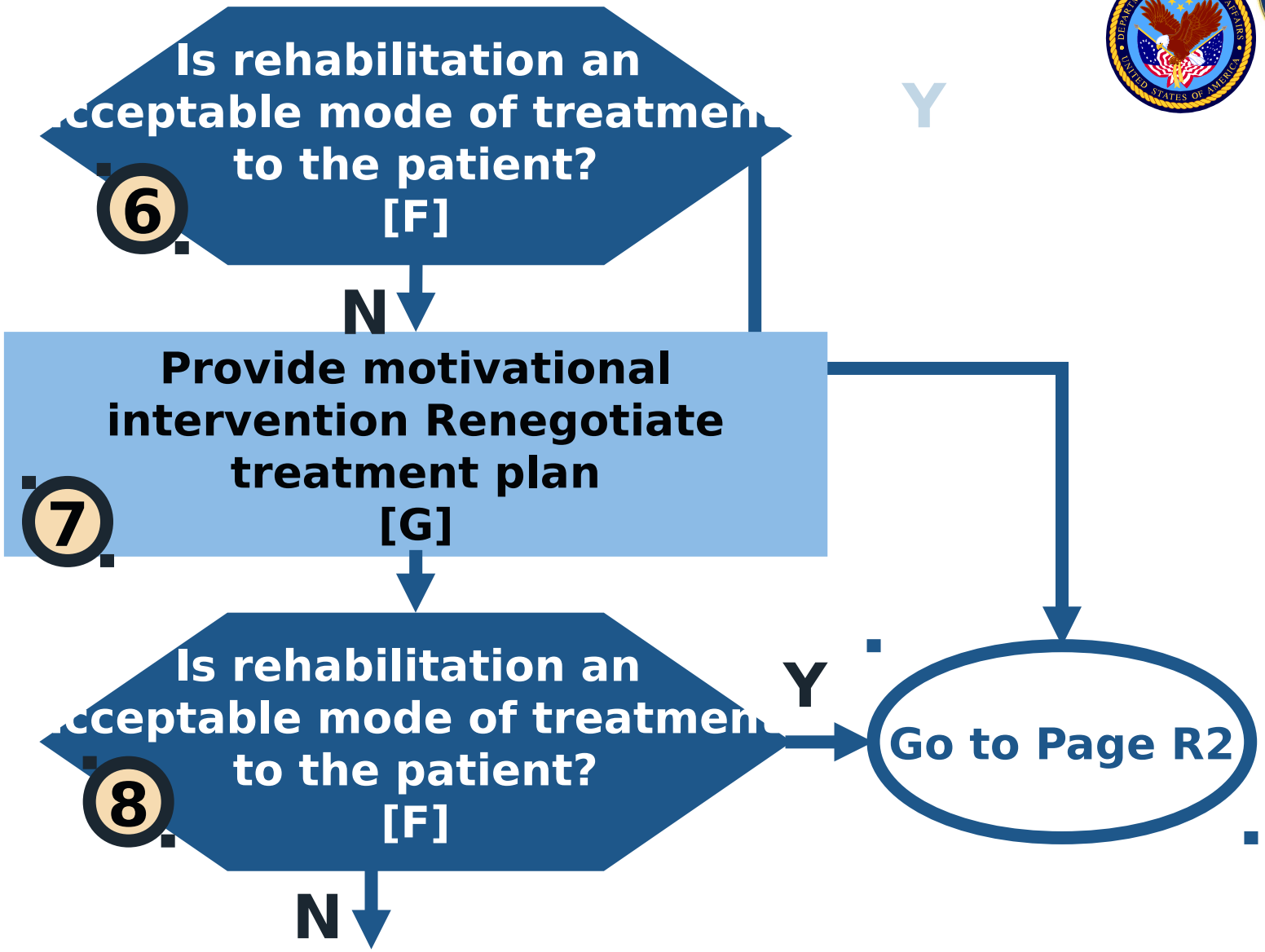
Discuss treatment options with patient


5
Can treatment plan be implemented in primary care? [E]
Y
N
Go to Module C


Is rehabilitation an acceptable mode of treatment to the patient?
[F]
6
Y
N
Provide motivational intervention Renegotiate treatment plan
[G]
7
Go to Page R2

FRAMES

- Feedback
- Responsibility
- Advice
- Menu
- Empathy
- Self-Efficacy


Is rehabilitation an
cceptable mode of treatmen
to the patient?
6.
[F]
Y
N
Provide motivational
intervention Renegotiate
treatment plan
7.
[G]
Is rehabilitation an
cceptable mode of treatmen
to the patient?
8.
[F]
Y
Go to Page R2
N

DOD Active Duty

- Referral to rehabilitation (boxes 6 & 8) is required

- For refusal, contact the command to discuss administrative and clinical options.

[F]

Continued from Page R1

9

Determine appropriate initial intensity level of treatment [H]

10

11

Ingredients of Initial Treatment Intensity

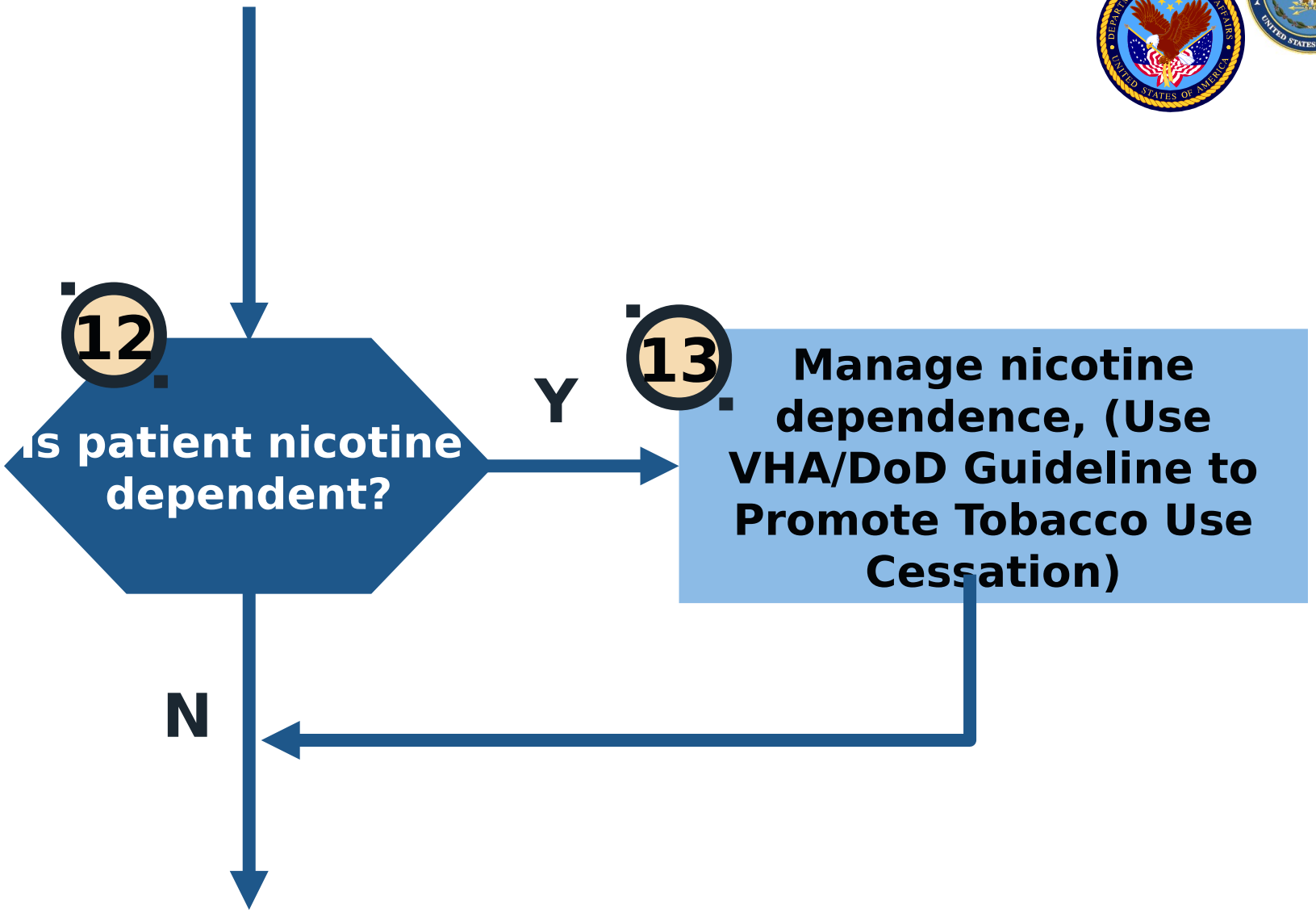
- Complement local recovery support system
- Treat other BioPsychoSocial problems in parallel fashion, not serially
- Least restrictive environment
- Focus on therapeutic rapport-building, treatment retention over time
- Personalize treatment offerings
- DoD – operational/command issues

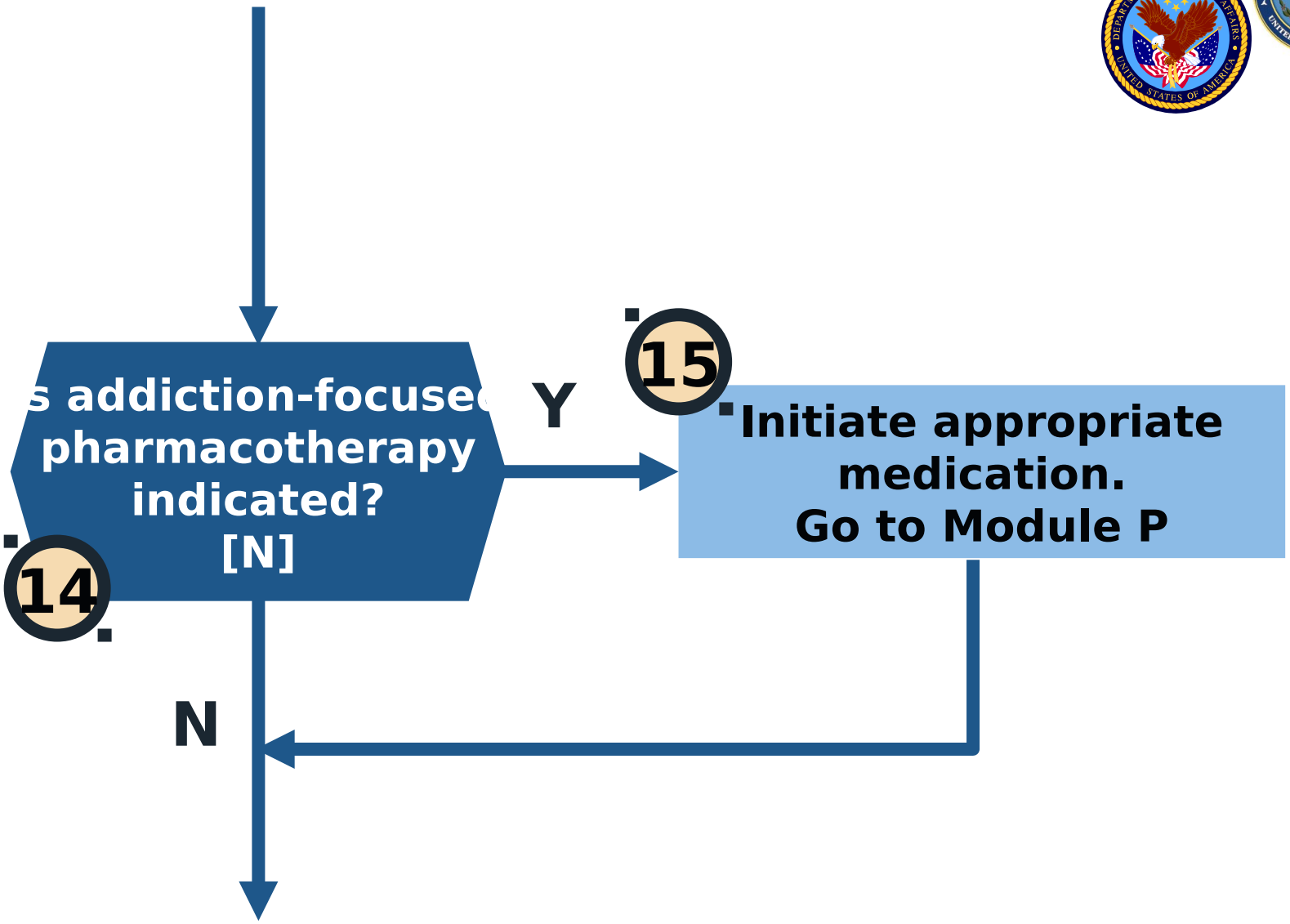
Continued from Page R1

9 Determine appropriate initial intensity level of treatment [H]
Ensure appropriate housing & access to treatment [I]
Negotiate specific rehabilitation goals with the patient [J]

10 Initiate addiction-focused psychosocial therapy [K]

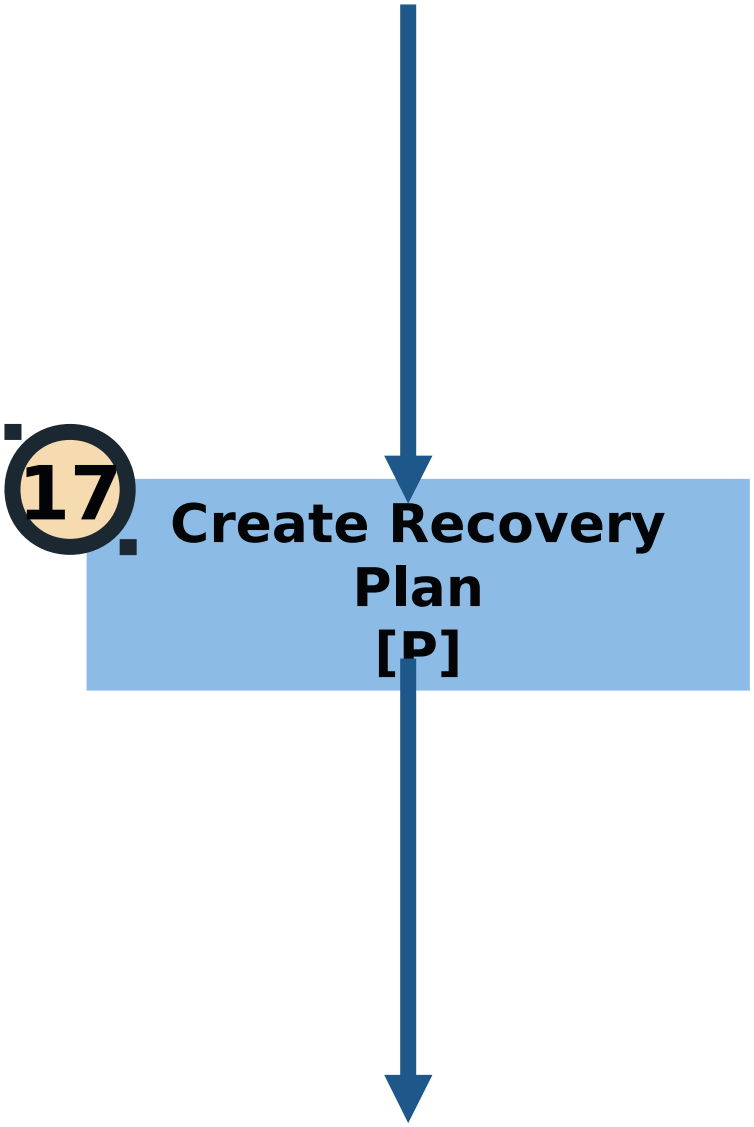
11 Initiate/continue treatment of coexisting problems (e.g., medical, psychiatric, family, vocational, legal) and other compulsive behavior (e.g., gambling, spending) [L]


12
Is patient nicotine dependent?
Y
13
Manage nicotine dependence, (Use VHA/DoD Guideline to Promote Tobacco Use Cessation)
N


s addiction-focused
pharmacotherapy
indicated?
[N]
14
Y
15
Initiate appropriate
medication.
Go to Module P
N

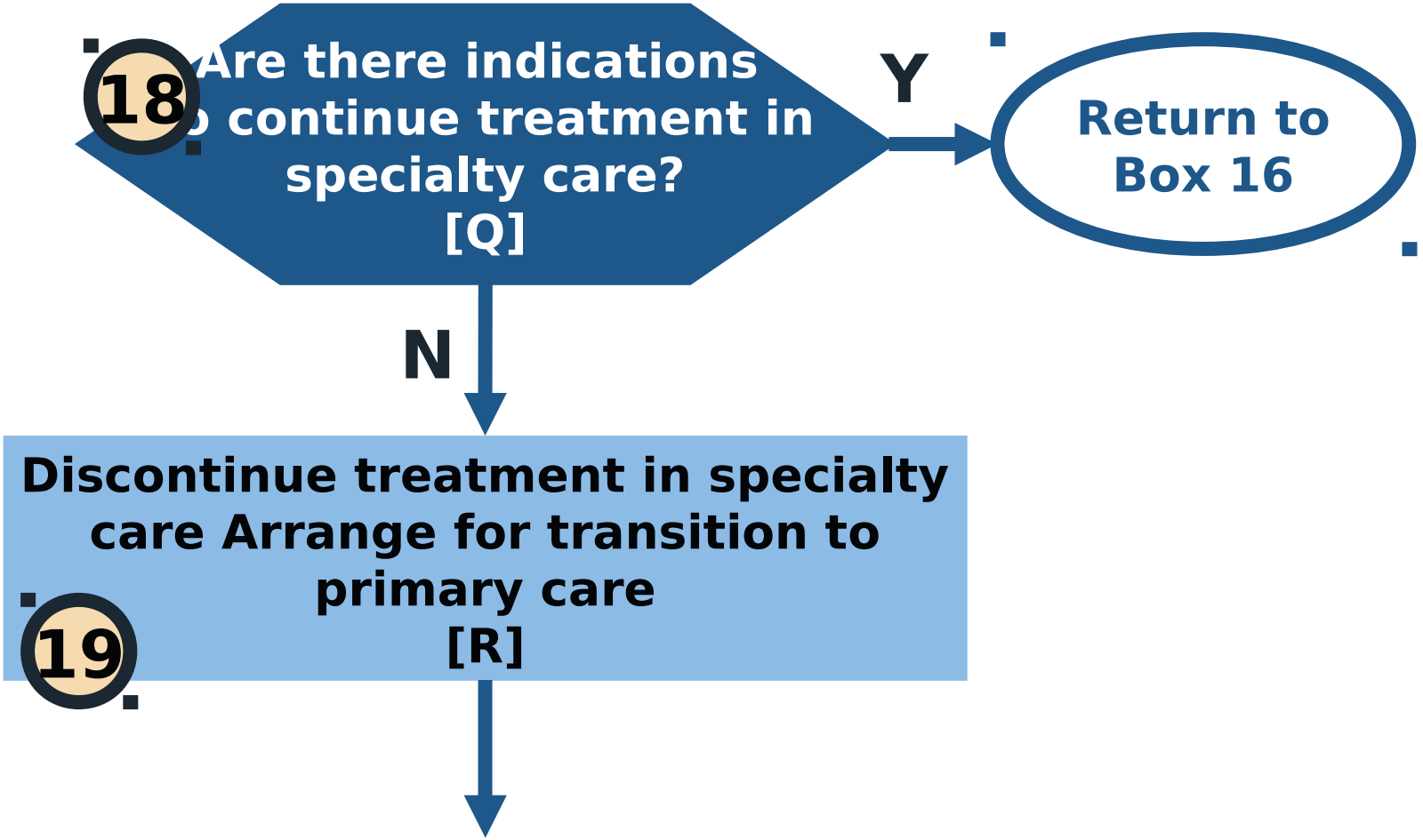
16

**Provide periodic reassessment of problems,
goals and response to psychosocial treatment
and pharmacotherapy [O]
Modify treatment plan and level of care if indicated**


17
Create Recovery Plan [P]

Recovery Plan

- Summary of issues being worked + methods of resolution
- Relapse warning signs, triggers, and planned coping skills to combat these
- Listing of specific support persons and roles
- Follow-up POC’s, appointments


18
Are there indications to continue treatment in specialty care? [Q]
Y
Return to Box 16
N
Discontinue treatment in specialty care Arrange for transition to primary care [R]
19

Follow-up in primary care:

- Monitor substance use
- Monitor biological indicators
- Continue addiction focused pharmacotherapy if indicated
- Encourage reduction or abstinence
- Provide motivational support
- Assess adherence to recovery plan
- Educate about substance use, associated problems, and prevention of relapse

[S]

For DoD Active Duty

Addiction-focused treatment follow-up may be mandated for a period of 6 to 12 months from the time of initial referral (this may be referred to as “aftercare” in the DoD community).